Un	der the Paperwo	FENT APPLI	CATIO	persons are requ N FEE DETE ute for Form PT	RMINATIO	to a collection of in	formation unle	ss it displa	DEPARTMENT C aysya valid OMB tipa of Docket No	control num
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		NUMB	NUMBER FILED NUMB		ER EXTRA	RATE	FEE ·		RATE	FEE
BASIC FEE 37 CFR 1.16(a))							s	OR		s
OTAL CLAIMS 37 CFR 1.16(c))			minus 20 = •			x s=		OR	x \$ =	
NDEPENDENT CLAI 37 CFR 1.16(b))		MS	minus 3 =			x s =	1	OR	x3 =	
UL	TIPLE DEPENDE	ENT CLAIM PRESE	NT (37 CFR 1.16(d))		+s =	-	OR	+5 =	
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
3		LAIMS AS AM	IENDED	- PART II (Column 2)	(Column 3)	SMAK	ENTITY	OR	OTHER	R THAN ENTITY
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total (37 CFR 1.16(c))	8	Minus	\Q		x s=	/	OR	X \$=	
į	Independent (37 CFR 1.16(b))	/	Minus	3	=	x .\$ =		OR :	x s=	/
	FIRST PRESEN	TATION OF MULTIPL	E DEPEND	ENT CLÁIM (37 CF	FR 1,16(d)	+ \$=		OR	+ \$ =	
/			•		.,	TOTAL ADD'L FER		OR	TOTAL ADD'L FIZE	
•		(Column 1)		(Column 2)	(Column 3)	, .			, / / i	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$=		OR	x s=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	= .	x \$=		OR	x s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+s =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
_		(Column 1)		(Column 2)	(Column 3)					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total (37 CFR 1.16(c))		Minus	••	=	x s=		OR	x s=	
	Independent (37 CFR 1.16(b))		Minus		=	· x \$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s=		OR	+ 5' =	
_	-					TOTAL			TOTAL	

"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20',
"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.